## **CLIENT SUMMARY**

Client name:	Age: End Date:	
Married How long? Spouse's nan	ne:	
Single DivorcedWidowed Separated_	Children Age(s)	
Contact Info: Cell	Email:	
Address:	Church affiliation:	
Presenting Problem:		
Overall perspective of the <b>positive aspects</b> in working with client:		
Overall perspective of the <b>challenging aspects</b> of working with client:		
Workbook Topics that had a <b>big impact</b> with the	client:	

Workbook Topics that the client <b>resisted or struggled</b> with:		
Describe any <b>break-throughs</b> in these areas:		
How many sessions did you have? How many client cancelations?		
Did client finish the process? If not explain:		
Client's donation amount? Comment:		
Who referred the client?		
Referral's Church/Ministry/Orginazational affiliations:		
Did the client's spouse go/going through the Discipleship Counseling process?		
Is the client a candidate for the TLI / TLAT in the future? Did you discuss?		
Client's Occupation: Gifts/skills that could help True Life in the		
future?:		
Board/Committee Member candidate? Explain:		

Did you discuss getting a <b>testimony</b> from the client? Video	o Written
Did you discuss a plan for when or how you would get the	
Did you discuss <b>Group Night</b> with the client?	Do they plan to attend?
Did you invite the client to join the <b>Monthly Support tear</b> indication?	m? Did they decide or give any
Did you discuss a plan for <b>follow up</b> regarding joining the	Monthly Support team?
Overall thoughts about working with this client:	
Any comments or concerns about client going forward?	
Were you Mentored during this client? Yes/No:	_
Mentor's Name:	
Discipleship Counselor	 Date
Please give a copy of this to the Counseling Supervisor wh client's file. Thank you!	nen completed, and keep original in the